

Getting Started With NHSN: Enrollment Process

CDC Home
Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

A-Z Index: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

National Healthcare Safety Network (NHSN)

The National Healthcare Safety Network (NHSN) is a voluntary, secure, internet-based surveillance system that integrates and expands legacy patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC. NHSN also includes a new component for hospitals to monitor adverse reactions and incidents associated with receipt of blood and blood products. Enrollment is open to all types of healthcare facilities in the United States, including acute care hospitals, long term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long term care facilities. For more information, click on the topics below.

Replay **New to NHSN?**
HAI: Recovery Act
Biovigilance
NHSN Biovigilance Component
GO» Biovigilance >>

Text size: S M L XL
Email page
Print page
Bookmark and share

FLU.GOV
Know what to do about the flu.
VISIT FLU.GOV
"STAYSAFE" WIDGET

Get email updates
To receive email updates about NHSN, enter your email address:
What's this? Submit

Contact NHSN:
Centers for Disease Control and Prevention
National Healthcare Safety Network
MS-A24
1600 Clifton Rd
Atlanta, GA 30333
nhsn@cdc.gov
More contact info >>

Topics

About NHSN Overview, Purposes, Confidentiality statement, How data are used, External Peer Review report...	Enrollment Requirements Eligibility, Required Training, Reporting & System Requirements, Security, Begin Enrollment...
Forms Component-specific manuals containing data collection protocols, instructions for completing forms...	Training Self-study slide sets and corresponding materials for NHSN modules...
NHSN Manuals Component-specific manuals containing data collection protocols, instructions for completing forms...	Patient Safety Component Overview of the Modules: Device-associated, Procedure-associated, MDRO/CDAD, Vaccination...
Resource Library Guides, Manuals, NHSN Codes & Variables, FAQs, HIPAA...	Biovigilance Component Hemovigilance Module Overview, Protocol and Tables of Instructions...
	Healthcare Personnel Safety Component Overview of the Exposure, Management, and Vaccination Modules, Benefits of participation...

Data & Statistics

States with Facilities Using NHSN
(total: 26/46)

CDC currently supports more than 2600 hospitals that are using NHSN and 21 states require hospitals to report HAI's using NHSN.

[More Data & Statistics >>](#)

Clinical Document Architecture

Clinical Document Architecture (CDA) is a...

Kevin Waldrop BSMT (ASCP) CIC
October 12, 2010



Goals

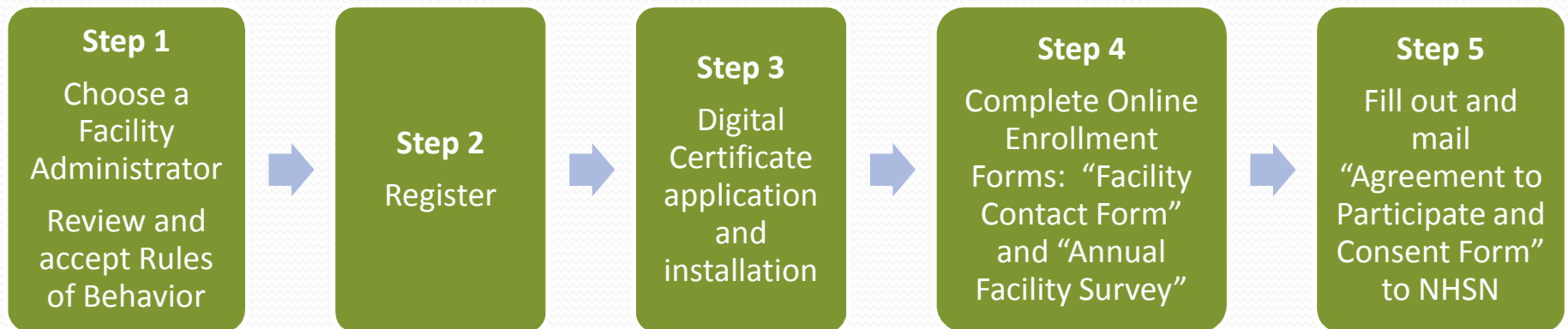
At the end of this presentation, participants will be able to:

- Describe the 5 step enrollment process for NHSN
- Describe the role of the Facility Administrator
- Identify potential delays in the enrollment process
- Complete the NHSN facility enrollment process

Recommended Reading

- Facility Administrator: review document “Facility/Group Administrator Rules of Behavior”
<http://www.cdc.gov/nhsn/PDFs/FacAdminROB.pdf>
- All users: review document “User Rules of Behavior”
<http://www.cdc.gov/nhsn/PDFs/UserROB.pdf>
- Review slide set “Patient Safety Component – Central Line-associated Bloodstream Infection”
<http://www.cdc.gov/nhsn/PDFs/slides/CLABSI.pdf>
- NHSN Training and Enrollment Requirements for the Hospital Inpatient Quality Reporting Program
http://www.cdc.gov/nhsn/cms-ipps-rule_training.html

The 5 Step Enrollment Process



Step 1a – Choose a Facility Administrator

- Can be an Infection Preventionist
 - Does not have to be a manager or director
- The NHSN Facility Administrator:
 - is the only person who can enroll a facility and complete NHSN Enrollment.
 - is the only person who can reassign the role of Facility Administrator to another user.
 - is responsible for initially adding users and assigning user rights.
 - is responsible for managing locations and patients across components.

Step 1b – Review and Accept Rules of Behavior

- NHSN main page: <http://www.cdc.gov/nhsn/>
- Click on “Enrollment Requirements”
- Click on “Begin Enrollment”

The screenshot displays the NHSN (National Healthcare Safety Network) website. At the top, the CDC logo and "Centers for Disease Control and Prevention" are visible, along with a search bar. Below the header, a navigation bar lists letters A-Z. The main content area is titled "National Healthcare Safety Network (NHSN)". On the left, a sidebar menu lists various NHSN topics, with "Begin Enrollment" highlighted in a red circle. The main content area shows the "Begin Enrollment Process" page, which includes a description of the enrollment process, a link to the "NHSN Facility Administrator Enrollment Guide", and a list of documents to review. A "Get email updates" section is also present on the right side of the page.

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A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

National Healthcare Safety Network (NHSN)

NHSN

- About NHSN
- Communication Updates
- Enrollment Requirements
 - FAQs About Enrollment
 - FAQs About Mandatory Reporting
 - NHSN Security
 - Begin Enrollment**
 - Enrollment Training
 - Enrollment Forms
- Patient Safety Component
- Healthcare Personnel Safety Component
- Biovigilance Component
- Data Collection Forms
- NHSN Training
- Data & Statistics
- Resource Library
- Clinical Document Architecture
- Contact NHSN

NHSN > Enrollment Requirements

Begin Enrollment Process

Enrolling in NHSN is a multiple step process, outlined below, that is completed by the person designated to serve as the Facility Administrator. The steps must be followed in the order listed to ensure a successful enrollment.

The person designated as the NHSN Facility Administrator is the only person who can enroll a facility in NHSN or reassign the role of Facility Administrator. This person will also have the ability to nominate groups, that is, entities with which your hospital wants to share some/all of its data (e.g., state or county health department, corporate headquarters).

For complete detailed enrollment instructions please download the **NHSN Facility Administrator Enrollment Guide** June 2009. PDF (1.16 MB / 30 pages).

Before attempting to enroll, as the Facility Administrator you must:

Review the following documents and fulfill training requirements:

- Purposes, Eligibility, Requirements and Confidentiality** April 2006 PDF (46 KB / 2 pages)
- NHSN Facility Administrator Enrollment Guide** June 2009. PDF (1.16 MB / 30 pages)
- NHSN Manual: Patient Safety Component Protocols**

When you have completed the required trainings and read the above documents, you are ready to enroll. Follow the steps below to complete the enrollment process.

NOTE: Please make sure that your email system will not block emails from nhsn@cdc.gov and PHINTech@cdc.gov before beginning enrollment.

Text size: S M L XL

Email page

Print page

Bookmark and share

Get email updates

To receive email updates about NHSN, enter your email address:

What's this? Submit

Contact NHSN:

Centers for Disease Control and Prevention
National Healthcare Safety Network
MS-A24
1600 Clifton Rd
Atlanta, GA 30333
nhsn@cdc.gov
[More contact info >>](#)

Step 1b- Review and Accept Rules of Behavior

Begin Enrollment Process

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For complete detailed enrollment instructions please download the



[NHSN Facility Administrator Enrollment Guide](#)  [PDF - 1.16MB]

A step-by-step start-up guide for enrolling a facility in NHSN.

June 2009. .

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April 2006.
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- [NHSN Manual: Patient Safety Component Protocols](#)


When you have completed the required trainings and read the above documents, you are ready to enroll. Follow the steps below to complete the enrollment process.

NOTE: Please make sure that your email system will not block emails from nhsn@cdc.gov and PHINTech@cdc.gov before beginning enrollment.

Click on link

1. **Read the [NHSN Rules of Behavior](#).**
In order to participate in the NHSN, you must read and agree to abide by the following [rules of behavior](#) for safeguarding the system's security.
2. **Register your facility in the NHSN.**
After agreeing to the Rules of Behavior, you will be taken to the NHSN Registration page.

Step 1 – Done!

 Department of Health and Human Services
Centers for Disease Control and Prevention

National Healthcare Safety Network (NHSN)

Facility/Group Administrator Rules of Behavior

In order to participate in the NHSN , you must read and agree to abide by the following rules of behavior for safeguarding the system's security. Scroll through the document below and click on Agree or Do Not Agree button. To print a copy of the rules, click on the Print button.

NHSN, a surveillance system of the Centers for Disease Control and Prevention (CDC), allows participating healthcare facilities to enter data associated with healthcare safety, such as surgical site infections, antimicrobial use and resistance, bloodstream infections, dialysis incidents and healthcare worker vaccinations. NHSN provides analysis tools that generate reports using the aggregated data (reports about infection rates, national and local comparisons, etc). NHSN also provides links to best practices, guidelines, and lessons learned.

NHSN processes and stores a variety of sensitive data that are provided by healthcare facilities. This information requires protection from unauthorized access, disclosure, or modification based on confidentiality, integrity, and availability requirements. These "Rules of Behavior" apply to all users of the NHSN web-based computer system.

Purpose

[Print Version](#)
PDF (37KB/13 pages)

Agree

Do Not Agree

Scroll down to read through the text in gray box.
Then click "agree" to go to Step 2.

Step 2 - Register


National Healthcare Safety Network (NHSN)

Registration Form

Please enter the values for the fields listed below and click on the **Save** button. (*) indicates a required field. For additional information on NHSN Training, please visit the [NHSN Training Website](#).

Personal Information
(*) Last name:
(*) First name:
Middle name:
(*) Email address:

Facility Identifier
(*) Please select a facility identifier:
CMS ID ☒ AHA ID ☐ VA Station Code ☐
CDC Registration ID ☐ None ☐
(*) Selected identifier ID:

NHSN Training Date
(*) I certify that I have completed all of the appropriate,
required NHSN trainings on: 

- Enter the required information
- You must use the same email address through the entire enrollment process
- Allow `nhsn@cdc.gov` and `PHINTech@cdc.gov` to come through your organization's email spam blockers
- Make sure “*.cdc.gov” is listed as a trusted site in your browser and pop-ups are allowed
- The 6 digit CMS ID is recommended for Facility Identifier
- Enter the date NHSN training was completed and click “Save”

Step 2 – Done!

- Within 72 hours, you should receive an email from NHSN with the website and password needed to apply for a digital certificate (Step 3)



Welcome! You are now registered in the National Healthcare Safety Network (NHSN).

In order to begin the NHSN enrollment process, you will need to obtain and install a digital certificate onto your computer.

Follow the instructions in the document “[NHSN Facility Administrator Enrollment Guide](#)” beginning at Step 3, to obtain and install the digital certificate so that you will be able to access the [NHSN](#) application through CDC’s Secure Data Network (SDN). This document can be accessed at: http://www.cdc.gov/ncidod/dhqp/nhsn_documents.html.

From the Centers for Disease Control and Prevention - Digital ID

Step 3: Digital Certificate

A digital certificate provides an electronic means of proving your identity to securely conduct business with NHSN.

- Data sent to NHSN is encrypted so that only NHSN can read it
- Provides assurance to NHSN that the data has not been changed in transit
- Certifies that the certificate owner actually sent the transmission

Digital Certificates:

- User specific – Do not share your digital certificate with another user! **Each user must have their own digital certificate.**
- Installed on your computer
- If you enroll more than one hospital, you only need one digital certificate
- Make a copy as soon as it is installed
- Can be installed on additional computers
- CDC pays for the digital certificate
- Digital certificates expire 12 months from the date of installation. You must apply for a new digital certificate each year. NHSN will notify you 30 days before your digital certificate expires.

The screenshot shows the CDC Digital ID Enrollment page. At the top, there is a navigation bar with links for CDC Home, Search, and Health Topics A-Z. Below this, the page title is "Centers for Disease Control and Prevention - Digital ID Enrollment". On the left side, there is a sidebar with the CDC logo and the text "SDN Support" followed by the phone number "800-532-9929" and the email address "chirtech@cdc.gov". The main content area features a red "WARNING" banner with a disclaimer about the U.S. Government computer system. Below the warning, there is a section titled "Enter Enrollment Password" which contains a text box for the password and an "Accept" button.

Enter the password you received in the email (Step 2)

Step 3 – Digital Certificate Application

Step 1: Enter Personal Information

Items with (*) are required.

Prefix	<input type="text"/>	Preferred Name	<input type="text"/>
* First Name	<input type="text" value="Jane"/>	Middle Name	<input type="text"/>
* Last Name	<input type="text" value="Doe"/>	Degree	<input type="text"/>
* Email Address	<input type="text" value="nhsn@cdc.gov"/>	CDC User ID (where applicable)	<input type="text"/>
* Employer	<input type="text" value="CDC"/>	Program or Division	<input type="text"/>
* Employer Type	<input type="text" value="CDC, all campuses"/>		
* Job Type	<input type="text" value="Surveillance"/>		
* Phone	<input type="text" value="404-639-4050"/>	Fax	<input type="text"/>
Work Address (130 characters maximum)	<input type="text"/>	* U.S. State (required for US)	<input type="text" value="Georgia"/>
		U.S. County	<input type="text" value="Pick a County"/>
* City	<input type="text" value="Atlanta"/>	* Zip Code	<input type="text" value="30333"/>
* Country	<input type="text" value="United States"/>		
* Alternate Contact :			
* Name	<input type="text" value="John Doe"/>	* Phone	<input type="text" value="404-639-4050"/>

1a

Next

Review Email Address

Windows Internet Explorer



Your email address must be correct to receive your Digital ID.
Is this your correct email address?
nhsn@cdc.gov

1b

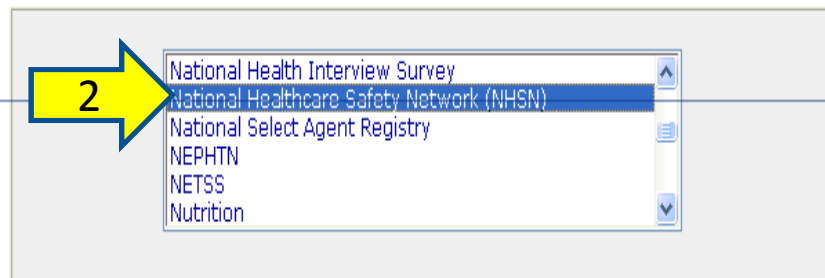
OK

Cancel

Step 3: Digital Certificate Application

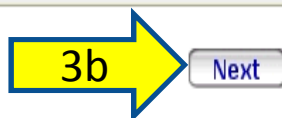
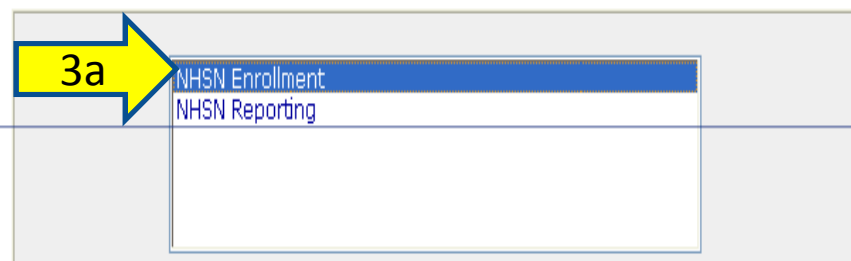
Step 2: Select A Program

Select the program whose activities you want to join.



Step 3: Select Activities

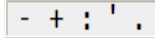
Select one or more National Healthcare Safety Network (NHSN) activities from the list.



Step 4: Choose a Challenge Phrase

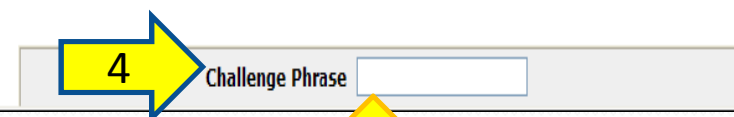
The challenge phrase is a password or phrase that you will need to provide every time you access the CDC Secure Data Network, and is also required to revoke your Digital ID.

For security reasons, a challenge phrase must:

- Be at least 8 characters long.
- Contain only English letters, numbers or any of these characters:

- Contain at least one non-alphabetic character.
- Not contain your name or any part of your email address.
- Not be a word, unless the word is either
 - Broken up by one or more non-alphabetic characters
 - Prefixed or suffixed by three or more non-alphabetic characters
- Not contain more than two consecutive repeating characters.
- Contain at least 4 unique characters.

Challenge phrases are case sensitive, so be sure to remember if any letters are capitalized. While not required, a challenge phrase containing mixed case letters is more secure, and we invite you to consider using one.

[More Information and Examples.](#)



Challenge Phrase is your password to log on and access NHSN. Do not forget! Must be case-sensitive and meet the criteria listed above.

Step 3 – Digital Certificate Application

Application for Digital Certificate is complete!

Within 72 hours you will receive an email with a link and instructions to download the digital certificate.

Digital Certificate Request Received

Your request for a digital certificate has been received.

You will receive an e-mail when your request is approved, which includes instructions for installing your digital certificate.

Please note that processing time may vary, depending upon the nature of the enrollment request. If you do not receive an e-mail notification within 72 hours, you may inquire about the status of your request by contacting the program administrator.

Step 3 – Installing Digital Certificate

- Contact your IT department for help with installation.
- Click on the email link to download the Digital Certificate.
- Reminders about Digital Certificates:
 - Each user must have their own digital certificate
 - If two NHSN users share the same computer, both will need digital certificates installed on the same computer
 - Can be installed on additional computers
 - If you enroll multiple facilities, you only need one digital certificate
 - Make a backup copy of the Digital Certificate.
 - Must apply for a new digital certificate every year. NHSN will notify you 30 days before your digital certificate expires.



Help is
available!

Help is
available!

Your request for a CDC digital certificate has been approved. The next step is the installation of your digital certificate. Your computer settings may be different from other computers. These differences may make installing your digital certificate more difficult than we would like. We are working to make this process easier.

We recommend that your IT Specialist install the digital certificate for you. We have provided instructions for the IT Specialist at

<https://ca.cdc.gov/sdncode/sdnapp/doc/DigitalCertificateInstallation.html>.

After reviewing these instructions, your IT Specialist can begin the process of installing your digital certificate by going to your installation link.

Digital Certificate Installation Link:

<https://ca.cdc.gov/sdncode/sdnapp/serlet/CertServlet?usertoken=xxxxxx>

If you do not have an IT Specialist or need further information, contact CDC SDN Support:

e-mail: phintech@cdc.gov

telephone: 1-800-532-9929 and select option 1

Step 4: Complete Online Enrollment

- After your digital certificate has been successfully installed, go to <https://sdn.cdc.gov>
- Enter your challenge phrase (created when you applied for digital certificate)
- After you are logged in, click on “NHSN Enrollment”



Step 4: Complete Online Enrollment

The screenshot shows the CDC NHSN website header with the CDC logo and the text 'Department of Health and Human Services Centers for Disease Control and Prevention' and 'NHSN - National Healthcare Safety Network'. On the left is a blue sidebar with links 'Start' and 'Leave Enroll'. The main content area is titled 'Enroll Facility' and says 'Please Select Desired Option'. It contains two links: 'Access and print required enrollment forms' and 'Enroll a facility'. A red arrow points from a yellow callout box at the bottom to the first link. The callout box contains the text: 'If you have not completed these forms, obtain the forms now and complete them before proceeding'. There is also a link 'Leader for PDF files' at the bottom right.

- This link takes you to the Facility Contact Form and the Annual Facility Survey Form (use the Patient Safety Component Annual Survey).
- Print these forms and gather the information you need before entering the information into the NHSN online forms.
- If you have already completed these forms, skip to online entry.

Step 4: Complete Online Enrollment

Print and fill out both pages of the “Patient Safety Component – Annual Facility Survey”

- You will need information from previous year such as number of patient days and number of admissions.
- You will also need number of beds and information from your microbiology laboratory regarding susceptibility testing.
- Form available on NHSN website only.

NHSN Patient Safety Component – Annual Facility Survey	
Page 1 of 2	
Tracking #: 11249	
Facility ID #: 11249	Survey Year: 2009
Facility Characteristics	
Ownership: _____	
Hospital Facility	
Number of patient days: _____	
Number of admissions: _____	
Any hospital except long term care hospitals:	
Is hospital affiliated with a medical school? _____	
If yes, type of affiliation: _____	
Number of beds set up and staffed:	
ICU beds (including adult, pediatric, and neonatal levels II/III and III): _____	
Specialty care beds (including hematology/oncology, bone marrow transplant, solid organ transplant, inpatient dialysis, and long-term acute care [LTAC]): _____	
All other beds: _____	
Hospitals that are Long Term Care Hospitals:	
Setting: _____	
Number of beds set up and staffed:	
Ventilator beds: _____	High-observation beds: _____ All other beds: _____
Ambulatory Surgery Center	
Setting: _____	
Total number of procedures: _____	Percent of procedures that are surgical: _____
Percentage of your ambulatory surgery patients discharged or transferred to the following places:	
Home/Customary residence: _____	
Recovery care center (facility other than this one): _____	
Acute care hospital (Emergency or inpatient): _____	
Long Term Care (LTC) Facility	
Number of resident days: _____	Average length of stay: _____
Infection Control Practices	
Number of infection control professionals (ICPs) in facility: _____	
a. Total hours per week performing surveillance: _____	
b. Total hours per week for infection control activities other than surveillance: _____	

Step 4: Complete Online Enrollment

Print and fill out both pages of the “Patient Safety Component – Annual Facility Survey”

Alert!

- Page 2 of the “Annual Facility Survey” requires detailed information from your microbiology department.

NHSN 4.8.1 Annual Survey - Windows Internet Explorer provided by Scottsdale Healthcare

https://sdn7.cdc.gov/nhsn/annualsurvey.do

File Edit View Favorites Tools Help

NHSN 4.8.1 Annual Survey

If No, where is your hospital's antimicrobial susceptibility testing performed?

☐ Affiliated medical center of hospital

☐ Commercial referral laboratory

2. Does your laboratory use CLSI (formerly NCCLS) antimicrobial susceptibility standards?*

If Yes, specify what version of the M100 document the laboratory uses?

3. For the following organisms please indicate which methods are used for

(1) primary susceptibility testing and

(2) secondary, supplemental, or confirmatory testing (if performed).

If your laboratory does not perform susceptibility testing, please indicate the methods used at the referral laboratory.

Pathogen	Testing Methods
Coagulase-negative staphylococci	(1) Primary:*
	(2) Secondary:
	Comments:
Staphylococcus aureus	(1) Primary:*
	(2) Secondary:
	Comments:
Enterococcus spp.	(1) Primary:*
	(2) Secondary:
	Comments:
Escherichia coli	(1) Primary:*
	(2) Secondary:
	Comments:
Klebsiella pneumoniae or K. oxytoca	(1) Primary:*
	(2) Secondary:
	Comments:
Serratia marcescens	(1) Primary:*
	(2) Secondary:
	Comments:
Enterobacter spp.	(1) Primary:*
	(2) Secondary:

20

Step 4: Complete Online Enrollment

The screenshot shows the CDC NHSN enrollment interface. At the top is the CDC logo and the text "Department of Health and Human Services Centers for Disease Control and Prevention". Below this is a dark blue navigation bar with "NHSN - National Healthcare Safety Network" on the left and "Contact us" on the right. The main content area has a light blue sidebar on the left with links for "Start" and "Leave Enroll". The main content area contains the heading "Enroll Facility" with a red arrow pointing to it from a yellow box. Below the heading is the text "Please Select Desired Option" and a link "Access and print required enrollment forms". A yellow arrow points to the "Enroll a facility" link with the text "Click here to enter info". At the bottom, there is a small Adobe Reader icon and a link "Get Adobe Acrobat Reader for PDF files". A large yellow box on the right contains the text: "After you have filled out your facility contact and annual survey forms on printed copies".

Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)

[Get Adobe Acrobat Reader for PDF files](#)

After you have filled out your facility contact and annual survey forms on printed copies

Step 4: Complete Online Enrollment

- For Facility Identifier, enter only numbers – no dashes or spaces.
- Enter only 1 identifier and check NA for the others.
- After the data verifies, enter data from the Facility Survey and submit.
- If your data does not verify, contact NHSN.

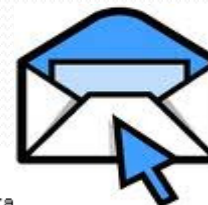
The screenshot shows the 'Facility Enrollment' form from the CDC's National Healthcare Safety Network (NHSN). The form is titled 'Facility Enrollment' and includes a 'Print PDF Form' link. It contains several sections for data entry:

- Facility Information:** Includes fields for Facility name*, Address, line 1*, Address, line 2*, Address, line 3*, City*, County*, State* (a dropdown menu), Zip Code* (with a hyphen separator), and Main telephone number*.
- Identifiers:** A section titled 'For each identifier listed below, enter the number / code, or check Not Applicable if your facility does not have that identifier'. It includes fields for AHA ID*, CMS ID*, and VA station code*, each with a corresponding 'Select ☐ if [Identifier] Not Applicable' checkbox.
- Verification:** A 'Verify Data' button and a message: 'Click to verify values provided above before proceeding.'

The form also features a left sidebar with 'Start' and 'Leave Enrollment' links, and a top header with the CDC logo and 'Department of Health and Human Services Centers for Disease Control and Prevention'.

Step 4 – Done!

- Once enrollment information is completed and submitted online, you will receive an email to access the “Agreement to Participate and Consent” form.
- This form must be accessed within 30 days.



From: NHSN
To: NHSN Facility Administrator
Sent:

Subject: NHSN facility enrollment submitted

The following facility has been submitted for enrollment in the NHSN:

Facility Name: DHQP Memorial Hospital
Tracking Number: 10000

NHSN Facility Administrator:

The NHSN Facility Administrator has 30 days to access the Agreement to Participate and Consent form at the following URL:

<http://server/enapp/enrollment.do?method=displayAgreement&trackingnum=xxxxx>

If this URL appears to be broken, please type the link on your browser address line. The complete address including trackingnum=xxxxx must be included in order to access the form.

Once the form has been accessed, the CDC system administrator must receive the original, signed copy of the Consent Form within 60 days or enrollment will be suspended. Mail the form to: NHSN Administrator, MS A-24, Centers for Disease Control and Prevention, 1600 Clifton Rd, NE, Atlanta, GA 30333.

If you have questions about NHSN, please contact us at nhsn@cdc.gov or 800-893-0485. For information on the NHSN, please visit the member's website at http://www.cdc.gov/ncidod/dhqp/nhsn_members.html.

Step 5 – Agreement to Participate and Consent Form

- This form must be printed.
- Signature of corporate level official required.
- Send copy with ORIGINAL SIGNATURES to NHSN via US Mail (can be sent via overnight mail).
- Printed signed copy must be received by NHSN within 60 days.
- NHSN will return any form that is not completed correctly.
- Print and save a copy for your files.

For Facility
Administrat
or info i.e.
YOU

For CEO or
COO info.
Must have a
high level
corporate
official
signature
such as CEO
or COO

NHSN **Agreement to Participate and Consent** CHS/NHS-6220-0000
D.P. 0.0.0.0: 6/1/11

Page: 1 of 1 Tracking #: _____

Primary Contact(s)
As the Primary Contact(s), I/we consent to follow exactly the selected protocol and report complete and accurate data in a timely manner in order to maintain active status in the NHSN.

NHSN Patient Safety Primary Contact Person
*Name: _____
*Title: _____
*Signature: _____ *Date: _____

NHSN Healthcare Personnel Safety Primary Contact Person
(if different from Patient Safety Primary Contact)
*Name: _____
*Title: _____
*Signature: _____ *Date: _____

NHSN Biosurveillance Primary Contact Person
*Name: _____
*Title: _____
*Signature: _____ *Date: _____

Official Authorized To Bind This Facility To The Terms Of This Agreement (e.g., CEO/COO/CMO)
As an official authorized to bind the facility specified below, I warrant that I have read and that I understand the terms of this agreement and hereby consent to allow the facility to participate in the NHSN.

*Name: _____
*Title: _____
*Signature: _____ *Date: _____
*Facility Name: _____
*Main Facility Telephone Number: _____
*Street Address: _____

*City: _____ *State: _____ *ZIP: _____

Please sign and return copy for your records. Mail original to:
NHSN Administrator, NHS A-32, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, Atlanta, GA 30333

Step 5 – Done!

- NHSN will activate your facility when the Agreement and Consent form is received, and send you an enrollment approval email

Notes from personal experience:

Print and keep copies of all NHSN emails, completed forms, etc for future reference.



To: NHSN Facility Administrator
From: NHSN
Date:
Subject: NHSN enrollment approved

Your facility has been approved as a new member of NHSN. Welcome!

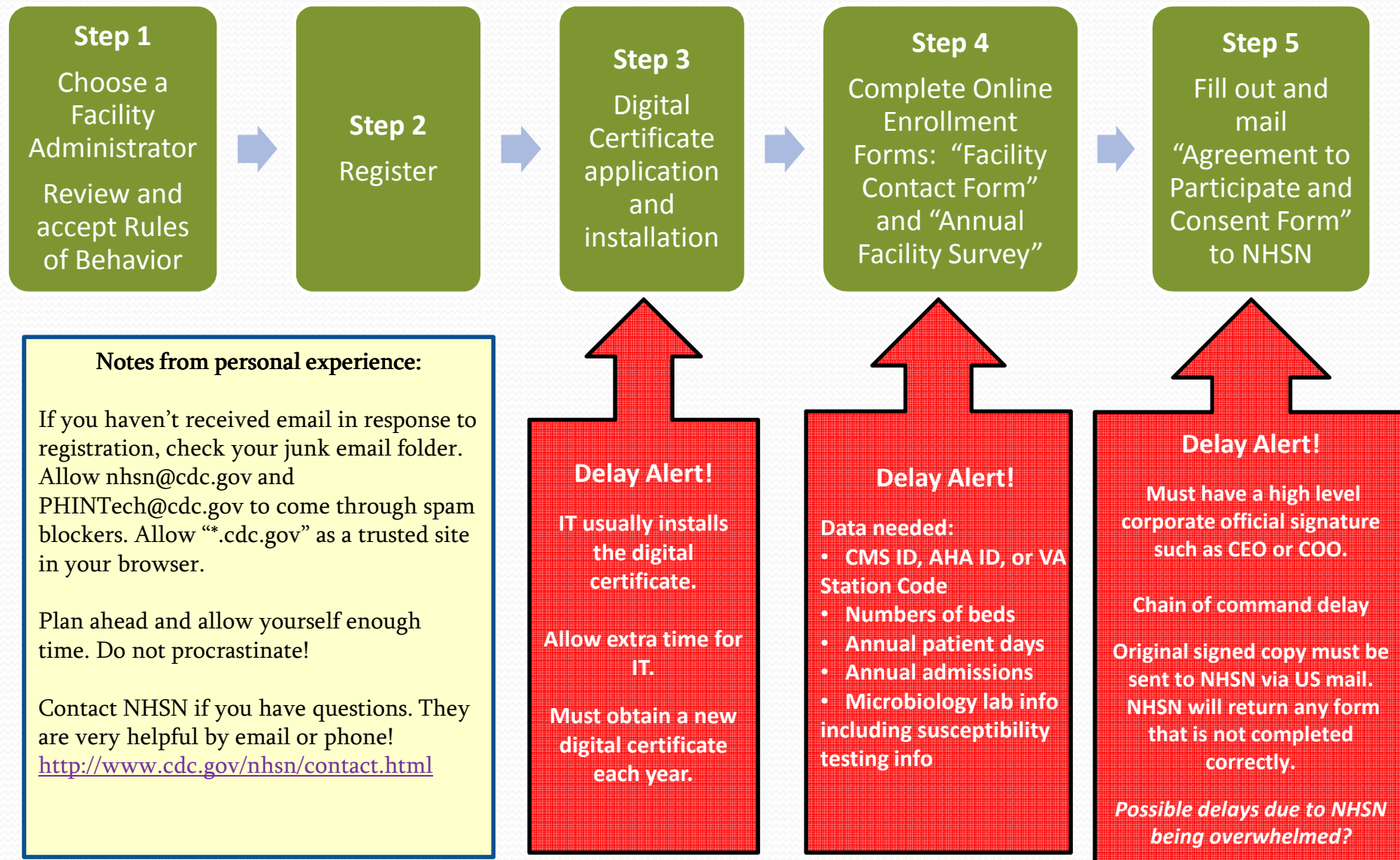
Facility Name:
Facility ID #:

As the Facility Administrator, you will now need to access the NHSN through the SDN (<https://sdn.cdc.gov>) by selecting the NHSN Reporting activity. Once in the NHSN, your first task should be to add those individuals who need to use the NHSN ("users") in the Users section of the navigation bar. Add locations and surgeons from the navigation bar under the heading Facility.

Once you add a user, that person will receive an email prompting her/him to obtain a digital certificate. It is important that you verify the email address and inform the user to use the same address when applying for their digital certificate.

If you have any questions about NHSN, please contact us at 800-893-0485 or nhsn@cdc.gov. Information on NHSN is also available on the members' web site at https://www.cdc.gov/ncidod/dhqp/nhsn_members.html

The 5 Step Enrollment Process



Enrollment is complete!

The Facility Administrator can now:

- Access NHSN reporting through the secure website.
- Add users
- Assign the role of Facility Administrator to another user
- Set up facility for reporting in NHSN



Breathe....Relax

